

HOW TO APPLY TO BECOME A QUALIFIED PROVIDER FOR AGENCY THE DEPARTMENT OF DEVELOPMENTAL SERVICES

Qualified providers must meet the standards established in the Department of Developmental Services (DDS) HCBS Waiver Manual. All providers must be incorporated in the United States. Providers must have a working email address to receive communication from the Department. It is highly encouraged for all applicants to read the HCBS manual that can be found on the DDS website (<http://www.ct.gov/dds>). Click on the link *For Providers* and then *How To Become A Qualified Provider*. There will be a link for the HCBS Waiver Manual.

To become a qualified provider complete the Application for Qualified Providers, the Assurance Agreement, the Provider Agreement and submit all necessary documents outlined in the Components of a Complete Enrollment Packet below. **All documents submitted in the packet must be clearly labeled with item number and description of the item. Documents not properly labeled will be considered unacceptable.** The application packet should be sent to the Operations Center where it is reviewed for content and completeness. Any missing or unacceptable items will be detailed in an email to the provider. Once the provider has submitted a complete packet and the Department has accepted it, the credentials of the organization, the Principal of the Entity and the Connecticut Administrator will be verified by DDS. After the credentials have been verified, the agency representatives will be interviewed by a Qualified Provider Committee. The Qualified Provider Committee, consisting of DDS staff, will either accept the application, will approve the application for all requested services, accept the application for a limited amount of services or deny qualified provider status. The decision of the Committee will be deemed final. Providers may submit a new application one year from the date of notification of the denial.

Once a provider is qualified, supports to individuals cannot begin until the Connecticut Administrator and/or the owners have completed DDS training. Training will be performed in the regional offices on a rotating basis. Please remember that being placed on the qualified providers list does not guarantee individuals of the Department will choose to contract with a provider.

COMPONENTS OF A COMPLETE ENROLLMENT PACKET

The Provider must submit the following information for the packet to be considered complete.

All documents submitted in the enrollment packet must be clearly labeled with item number and description of the item. Documents not properly labeled will be considered incomplete.

1. Provider Application

http://www.ct.gov/dds/lib/dds/operations_center/application_for_qualified_providers.pdf

2. Assurance Agreement

http://www.ct.gov/dds/lib/dds/operations_center/agency_assurance_agreement.pdf

3. Provider Agreement

http://www.ct.gov/dds/lib/dds/operations_center/providers/provider_agreement.pdf

4. Corporate Documents

- a. A copy of the incorporation papers.
- b. Mission statement or philosophy of the organization on providing supports to individuals with intellectual disabilities.
- c. Board composition that includes their title, profession, and length of terms. If the organization is not required to have a Board of Directors, the agency must establish an Advisory Board that should include representation by at least one self advocate or a parent of a child with intellectual disabilities. A list of members of the Advisory Board that includes their title, profession and relationship to the organization.
- d. A description of the Agency/organization's experience and qualifications that directly impact the ability to provide the desired service or services.
- e. Table of organization or current structure.
- f. Submit a financial audit or evidence of credit to demonstrate financial stability.
- g. Submit a certificate of insurance or certificate of insurability to demonstrate that the organization has or is able to acquire sufficient general liability insurance.
- h. For existing organizations, a Strategic Plan must be submitted that demonstrates how DDS supports fit into the existing organization.
- i. If this is a new entity, the organization must submit a Business Plan that details the goals of the organization and how they are to be attained. At a minimum, the plan should include a narrative describing the new entity, goals and objectives, a three year timeline, and a budget based on growth projections.

5. Principal and Administrator Documentation

- a. Principal of the entity's resume highlighting the individual's entire professional experience and the qualifications that directly impacts their ability to provide the desired service.
- b. Connecticut Administrator's resume, if different than the Principal of the entity, highlighting the individual's entire professional experience and the qualifications that directly impacts their ability to provide the desired service.
- c. If the entity is a partnership or a Limited Liability Corporation (LLC), all the principals must submit a copy of their resume highlighting each individual's entire professional experience and the qualifications that directly impacts their ability to provide the desired service.
- d. Letters of support or references from current or past individuals or entities for which the organization, the Connecticut Administrator, and/or the principal(s) of the entity has conducted similar services. There must be three (3) letters each for the organization, the Connecticut Administrator, and/or the principal(s) that clearly identifies who the reference is for and the name, phone number and address of the individual supplying the reference. Please be aware that it is a requirement of the Department to verify the reference.

6. Policies and Procedures

All policies/procedures must comply with DDS requirements; however, they must be specific to your agency and the services you plan to offer. Each must be a separate document and include the date of the procedure and the date of last revision.

- a. Submit HIPAA Policy to demonstrate that the agency will protect the confidentiality of the individual and family's information.
- b. Submit Drug-Free.
- c. Submit Non-Smoking Policy.
- d. Submit Client Fund Policy and Procedure.
- e. Submit Medication Administration Policy and Procedure.
- f. Submit policies and procedures regarding transporting individuals supported by the agency.
- g. Submit policies and procedures on criminal background checks.
- h. Submit policies and procedures on verifying names on the DDS Abuse and Neglect Registry.
- i. Submit policies and procedures on checking the CT Sexual Offender Registry before hiring.
- j. Submit policies and procedures on motor vehicle license checks.
- k. Submit policies and procedures on prevention and reporting abuse and neglect.
- l. Submit policies and procedures on incident reporting.
- m. Submit policies and procedures on human rights.
- n. Submit policies and procedures on confidentiality.
- o. Submit policies and procedures that demonstrates the capacity to respond to all emergency situations and that staff are able to follow all emergency procedures.
- p. Submit policies and procedures on handling fire and other emergencies.
- q. Submit policies and procedures on prevention of sexual abuse.
- r. Submit policies and procedures on and knowledge of approved and prohibited physical management techniques.
- s. Submit policies and procedures on Anti-Discrimination Policy that demonstrates the organization will not discriminate against any employee, applicant for employment or participant because of race, age, color, religion, sex, handicap, national origin or sexual orientation.
- t. Submit policies and procedures on Bathing and Personal Care.
- u. Submit policies and procedures on Water Safety.
- v. Submit policies and procedures on Infection Control.
- w. Submit policies and procedures on training of direct service staff in required areas.
- x. Submit policies and procedures explaining supervision of staff while working in a home setting or community.
- y. Submit policies and procedures on back up staffing if lack of immediate care threatens individual's health and welfare.
- z. Submit policies and procedures that demonstrate the organization will participate in individual's person-centered planning.
- aa. Submit policies and procedures on observing, reporting and responding to changes that affect individual.
- bb) Submit policies and procedures on training of professional staff in clinical disciplines
- cc) Submit policies and procedures on training of professional staff in procedures critical to their clinical role.
- dd) Submit all other required DDS policies and procedures as they apply to the services.
- ee) Submit a Continuity of Operations Plan.
- ff) Submit a Quality Improvement Plan.

For more information contact:

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